

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 18331  
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6046</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville R.R. #1</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Wentzville R.R. #1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buckner Road</u>				e. STREET ADDRESS (If rural, give location) <u>Buckner Road</u> <u>0920</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>St. Clair</u> b. (Middle) _____ c. (Last) <u>Demray</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>16</u> <u>57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-20-91</u>	
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pine Bluff Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Farm</u>					
13a. FATHER'S NAME <u>Henry Demray</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Boyd</u>		14. NAME OF HUSBAND OR WIFE <u>Aline Demray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-8588</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aline Demray #5 Kingsbury Place</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDULLARY FAILURE</u>  ANTECEDENT CAUSES DUE TO (b) <u>ANOXIA</u> DUE TO (c) <u>BRONCHOGENIC CARCINOMA LEFT LUNG</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>162x</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>DEC. 17, 1936</u> , to <u>MAY 16, 1957</u> , that I last saw the deceased alive on <u>MAY 15, 1957</u> , and that death occurred at <u>7:55am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Warren D. Hamilton, D.D.</u>		23b. ADDRESS <u>WENTZVILLE, MO.</u>		23c. DATE SIGNED <u>5-16-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/21/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 21/1957</u>		REGISTRAR'S SIGNATURE <u>Martha F. Off</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.H. Randle &amp; Son 3133 Bell</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ester K. Harris*

Licensed Embalmer No. *44*

P. O. Address *4181 Harris*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.